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TO: **Name:** Tina Plunkett
Company: Commissioner for Patents
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Number of Pages INCLUDING This Cover Sheet: 16

Client: OPT-003 (9717/7)

U.S. Serial No. 09/155,708

Comments:

3050914

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PATENT
Atty. Docket No. OPT-003
(7593/4)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Farrar et al.

SERIAL NUMBER: 09/155,708

GROUP NUMBER: 1635

FILING DATE: April 2, 1998

EXAMINER: Janet L. Epps Ford

TITLE: *Genetic Suppression and Replacement*

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, are being transmitted to Tina Plunkett, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Facsimile No. (703) 872-9306, on this 8th day of April, 2004.

April 8, 2004
Date of Signature

Brenda T. Kowalczyk
Brenda T. Kowalczyk

Tina Plunkett
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

Telecopy Cover Sheet (1 pg.); Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Copy of the Fee Transmittal (1 pg.); Petition for Extension of Time (1 pg.); Copy of the Petition for Extension of Time (1 pg.); Response To Notice Of Non-Compliant Amendment (9 pgs.); this Certificate of Facsimile Transmission.

3050608

TRANSMITTAL FORM

Application Serial Number	09/155,708
Filing Date	April 2, 1998
First Named Inventor	Farrar
Group Art Unit	1635
Examiner Name	Janet L. Epps Ford
Attorney Docket No.	OPT-003 (previous docket number MUR-003)
Patent No.	Not applicable
Issue Date	Not applicable

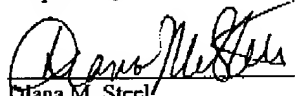
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Petition for Extension of Time and a copy of the Petition for Extension of Time <input type="checkbox"/> Second Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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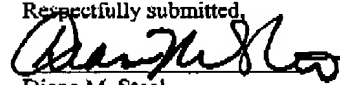
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SIGNATURE BLOCK

Respectfully submitted,

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3050613

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number OPT-003															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Farrar</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Application Serial No. 09/155,708</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Filed: April 2, 1998</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit: 1635</td> <td style="padding: 2px;">Examiner: Janet L. Epps Ford</td> </tr> </table>			In re Application of Farrar		Application Serial No. 09/155,708		Filed: April 2, 1998		Group Art Unit: 1635	Examiner: Janet L. Epps Ford							
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Group Art Unit: 1635	Examiner: Janet L. Epps Ford																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table style="width: 100%;"> <tr> <td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 20%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">420.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$</td> <td></td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$210.00.</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$		<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	
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CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		SIGNATURE BLOCK <div style="text-align: right;">Respectfully submitted,</div>  Diana M. Steel Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110															

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